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9

Number of Pages (including this page)

Date: January 27, 2005
 To: Box RCE - Binh X. Tran - 1765
 Location: United States Patent and Trademark Office
 Fax No.: (703) 872-9306
 From: James L. Clingan, Jr. - 30,163
 Subject: 10/016,633, Filed 10/30/2001

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MESSAGE: Enclosed herewith, please find a Request for Continued Examination for filing in the below-identified application.

ALL ITEMS MARKED WITH AN "X" ARE INCLUDED:

1.	<input checked="" type="checkbox"/>	1 page Facsimile Cover Sheet
2.	<input checked="" type="checkbox"/>	5 page Amendment
3.	<input checked="" type="checkbox"/>	1 page Request for Continued Examination
4.	<input checked="" type="checkbox"/>	1 page Fee Transmittal (in duplicate)

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I HEREBY CERTIFY THAT THIS CORRESPONDENCE IS BEING FACSIMILE TRANSMITTED TO THE PATENT
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ON: 1/27/05

Date

Elaine Cox

Signature

FEE TRANSMITTAL <small>Patent fees are subject to annual revision</small>		Complete If Known	
		Application Number	10/016,633
		Filing Date	October 30, 2001
		First Named Inventor	Martin Peiter
		Examiner's name	Binh X. Tran
Group Art Unit	1765		
TOTAL AMOUNT OF PAYMENT	(\$ 790)	Attorney Docket No.	SC0142WD

METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)							
<input type="checkbox"/> Check	<input type="checkbox"/> Credit card	<input type="checkbox"/> Money Order	<input type="checkbox"/> Other	<input type="checkbox"/> None	3. ADDITIONAL FEES						
<input checked="" type="checkbox"/> Deposit Account:				<table border="1" style="width: 100%;"> <tr> <td>Deposit Account Number</td> <td>503079</td> </tr> <tr> <td>Deposit Account Name</td> <td>Freescale Semiconductor, Inc..</td> </tr> </table>				Deposit Account Number	503079	Deposit Account Name	Freescale Semiconductor, Inc..
Deposit Account Number	503079										
Deposit Account Name	Freescale Semiconductor, Inc..										
<small>The Director is authorized to: (check all that apply)</small>				<input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.							
FEE CALCULATION											
1. BASIC FILING FEE											
Large Entity Fee (\$)	Entity Fee (\$)	Small Entity Fee (\$)	Entity Fee (\$)	Fee Paid							
1001 770	2001 385	Utility filing fee									
1002 340	2002 170	Design filing fee									
1003 530	2003 265	Plant filing fee									
1004 780	2004 385	Reissue filing fee									
1005 180	2005 80	Provisional filing fee									
SUBTOTAL (1) (\$)											
2. EXTRA CLAIM FEES											
Total Claims	Previously Paid**	Extra Claims	Fee from below	Fee Paid							
4	20	=	18	= 0							
Independent Claims	1	3	=	= 0							
<table border="1" style="width: 100%;"> <tr> <td>Multiple Dependent</td> <td>290</td> <td>=</td> <td></td> </tr> </table>								Multiple Dependent	290	=	
Multiple Dependent	290	=									
Large Entity Fee (\$)	Entity Fee (\$)	Small Entity Fee (\$)	Entity Fee (\$)	Fee Description							
1202 18	2202 9	Claims in excess of 20									
1201 84	2201 42	Independent claims in excess of 3									
1203 280	2203 140	Multiple dependent claim, if not paid									
1204 84	2204 42	* Reissue independent claims over original patent									
1205 18	2205 9	* Reissue claims in excess of 20 and over original patent									
SUBTOTAL (2) (\$ 0)											
* or number previously paid, if greater. For Reissues, see above.											
SUBMITTED BY				Complete (if applicable)							
Name (Print/Type)	James L. Clingan, Jr.			Registration No.	30,163	Telephone	(512) 996-6530				
Signature	<i>James L. Clingan, Jr.</i>			Date	1/27/05						